

NCIC #: _____		AGENCY NAME HERE STOLEN VEHICLE REPORT				INCIDENT #: _____	
LOCATION OF INCIDENT: _____				DATE OCCURRED: _____		TIME OCCURRED: _____	
REPORTING PARTY:	LAST NAME: _____		FIRST NAME: _____		MIDDLE NAME: _____		DATE OF BIRTH: _____
VEHICLE YEAR	MAKE	MODEL	STYLE	COLOR		LICENSE TAG NUMBER:	STATE
VIN NUMBER		IDENTIFYING MARKS, STICKERS OR DAMAGE: _____					
STEREO:	DESCRIPTION: _____		AMPLIFIER:	DESCRIPTION: _____		SPEAKERS:	DESCRIPTION: _____
<input type="checkbox"/> YES			<input type="checkbox"/> YES			<input type="checkbox"/> YES	
<input type="checkbox"/> NO			<input type="checkbox"/> NO			<input type="checkbox"/> NO	
SPECIAL WHEELS:	DESCRIPTION: _____			VANITY TAG:	DESCRIPTION: _____		
<input type="checkbox"/> YES				<input type="checkbox"/> YES			
<input type="checkbox"/> NO				<input type="checkbox"/> NO			
MIRROR HANGING	DESCRIPTION: _____			ANTENNAS:	DESCRIPTION: _____		
<input type="checkbox"/> YES				<input type="checkbox"/> YES			
<input type="checkbox"/> NO				<input type="checkbox"/> NO			
HALO LIGHTS:	DESCRIPTION: _____			AUXILIARY LIGHTS:	DESCRIPTION: _____		
<input type="checkbox"/> YES				<input type="checkbox"/> YES			
<input type="checkbox"/> NO				<input type="checkbox"/> NO			
TINTED WINDOWS:	FUEL:		VEHICLE MILEAGE:			KEYS IN VEHICLE:	VEHICLE LOCKED:
<input type="checkbox"/> YES	<input type="checkbox"/> FULL TANK	<input type="checkbox"/> ¾ FULL	<input type="checkbox"/> UNKNOWN			<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> ½ FULL	<input type="checkbox"/> ¼ FULL				<input type="checkbox"/> NO	<input type="checkbox"/> NO
AREA CHECKED BY OFFICER: <input type="checkbox"/> YES <input type="checkbox"/> NO			CHECKED WITH THE COMMUNICATIONS CENTERS: <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS: _____			COMMENTS: _____				
INSURANCE COMPANY: _____			INSURANCE AGENT: _____			TELEPHONE #: _____	
REGISTERED OWNER'S NAME: _____			LIST OTHER NAMES ON TITLE: <input type="checkbox"/> NONE				
LIST OTHER PERSONS WITH AUTHORITY TO DRIVE THE VEHICLE: <input type="checkbox"/> NONE			LIST OTHER PERSONS WITH KEY: <input type="checkbox"/> NONE				

Affidavit

I, the undersigned, under penalty of law, **K.S.A. 26-3618** - Falsely Reporting A Crime, do hereby affirm and attest that the above described vehicle has been stolen.

Additionally, I, the undersigned, do hereby agree to pay any and all costs associated with the recovery and storage of this vehicle.

REPORTING PARTY:	PRINTED NAME: _____			SIGNATURE: _____			DATE: _____
WITNESS:	PRINTED NAME: _____			SIGNATURE: _____			DATE: _____
REPORTING OFFICER:		ID #:	SUPERVISOR:		ID #:	COPIES TO:	PAGE #: